



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN -- ST. FRANCIS HEALTH (CARMEL)

City of Hospital: Carmel

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Tamara Murphy

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Medicare Provider Number: 15-0182

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$21488723
Outpatient Patient Service Revenue	\$11727112
Total Gross Patient Service Revenue	\$33215835

2. Deductions From Revenue

Contractual Allowance	\$20376090
Other Deductions	\$98042
Total Deductions	\$20474132

3. Total Operating Revenue

Net Patient Service Revenue	\$12741703
Other Operating Revenue	\$660473
Total Operating Revenue	\$13402176

4. Operating Expenses

Salaries and Wages	\$2973861	Employee Benefits	\$946264
Depreciation and Amortization	\$1974375	Interest Expense	\$59144
Bad Debt	\$134205	Other Expenses	\$9129263
Total Operating Expenses	\$15217112		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1814936	Total Assets	\$8717606
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$-750422

Total Net Gains	\$1814936
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$16524445	\$13858799	\$2665646
Medicaid	\$821835	\$617967	\$203868
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$15869555	\$5997366	\$9872189
Total	\$33215835	\$20474132	\$12741703

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$41533	
HCI Payments	\$0		
Subtotal	\$0	\$41533	\$-41533
Medicaid Shortfalls	\$61948	\$459926	
Subtotal	\$61948	\$501459	\$-439511
DSH Payments	\$0		
Subtotal	\$61948	\$501459	\$-439511
Medicare Shortfalls	\$2639979	\$7237858	
Other Government Programs	\$0	\$0	
Total	\$2701927	\$7739317	\$-5037390

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$17598	\$0	\$17598
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$-6579	\$68744	\$-75323

Comments

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